VERMONT

Vermont Health Access
Pharmacy Benefit Management Program
DUR Board Meeting Minutes: 02/13/07

Board Members:

Michael Scovner, M.D., Chair
Andrew Miller, R. Ph.
Cheryl Gibson, M.D.
Norman Ward, M.D.
Richard Harvie, R. Ph.
Stuart Graves, M.D.
Virginia Hood, M.D.

Staff:

Ann Rugg, OVHA
Diane Neal, R.Ph., (MHP)
Jennifer Mullikin, OVHA
Scott Strenio, M.D., OVHA
Nancy Miner, (MHP)
Natalie Santamore, OVHA
Robin Farnsworth, OVHA
Stacey Baker, OVHA

Guests:

Amy Finn. Merck
Andrea Hayes, Sanofi-Aventis
Carl Pepe, GSK
Chuck Burnett, Sanofi-Aventis
Gordon Maher, Takeda
Jason Strempek, Forest
Jim Kelley, AstraZeneca
John Kowalski, Merck Vaccines
Leslie Mason, Alcon
Madeleine Mongan, VT Medical Society
Maribeth Klettke, Sanofi-Aventis
Michael Brousseau, Alkermes
Michael Zdrojewski, ScheringPlough
Paul Kelly, Janssen
Terry Lee, Gilead Sciences
Theodore Marcy, M.D., UVM/FAHC
Thomas Algozzine, Pfizer
Todd Hill, Vermont Department of Health

Michael Scovner, M.D., Chair, called the meeting to order at 7:00 p.m. at the DUR Board meeting site in Williston.

1. Executive Session:

- An executive session was held from 6:30 until 7:00 p.m. to discuss Medicaid OBRA'90/Supplemental Rebates and Agreements as provided by 33 VSA § 1998(f)(2).

2. Introductions and Approval of DUR Board Minutes:

- Introductions were made around the table.
- The January 2007 meeting minutes were accepted as printed without amendment.

Public Comment: No public comment.

3. OVHA Pharmacy Administration Updates: *Ann Rugg - Deputy Director, OVHA*

- Stickers Provided to Physician Offices Regarding Vermont Medicaid PDL Status of Medications: Members of the audience were reminded that Vermont Medicaid discourages this practice as the material can not be reviewed for accuracy. Pharmaceutical representatives will be asked to remove these materials if they are reported as being available in the offices.
- Commercial Use of Prescription Data: Madeleine Mongan, VP for Policy at the Vermont Medical Society was introduced. A bill in the Legislature that the Vermont Medical Society is supporting, H.92, was described. This bill addresses confidentiality of prescription information and would

prohibit the commercial use of prescription data with patient identifiable or prescriber identifiable data. This bill would not prohibit the use of this data by the DUR Board or PBMs. The Vermont Medical Society is requesting that the Medicaid DUR Board convey a message of support for this bill.

Public Comment: No public comment.

Board Decision: The Board voted unanimously to convey support of this legislation.

4. Medical Director Update: *Scott Strenio, M.D. – Medical Director, OVHA*

- Two communications from providers received by Dr. Strenio were distributed to the Board members for review.

5. Follow-up items from Previous Meeting

- Smoking Cessation: *Theodore Marcy, M.D., UVM/FAHC*
  Dr. Marcy gave a presentation on the various smoking cessation products currently available (nicotine replacement therapies, bupropion SR and varenicline) and the studies that have evaluated their efficacies.

Public Comment: No public comment.

Board Decision: The Board voted to approve the Smoking Cessation Therapies clinical criteria and preferred/non-preferred products as presented with the following changes:

i) Move Chantix® to preferred.
ii) Remove step therapy requirements for Chantix®.
iii) Add statement to encourage counseling and add the phone numbers for QuitLine and GetQuit counseling programs.

- Vivitrol®: *Diane Neal, R.Ph., MedMetrics Health Partners(MHP)*
  Deferred until next meeting.

- Acne Vulgaris/Rosacea Products: *Diane Neal, R.Ph., (MHP)*
  The patient specific mailing sent to providers that outlined the new acne managed classes and preferred and non-preferred products was shared with the Board.

- Duplicate Long Acting Narcotics: *Diane Neal, R.Ph., (MHP)*
  Deferred until next meeting.

- Methadone: *Diane Neal, R.Ph., (MHP)*
  At the previous meeting it was decided that prior authorization should be required for the 40 mg dispersible tablet based upon the FDA advisory that was released. Vermont Medicaid usage data was subsequently examined and it was determined that for an approximately 6 month period there were 250 prescriptions for the 40 mg dispersible tablet and almost as many different prescribers as different patients. Based upon this data, the Board recommended that a physician expert in the use of methadone for pain be contacted to either attend a Board meeting or provide recommendations.

6. Review of Newly-Developed/Revised Clinical Coverage Criteria:

No new or revised criteria were presented.

7. Clinical Update: New Drug Reviews: *Diane Neal, R.Ph.(MHP)*

- Azilect® (rasagiline) – Not recommended for addition to the PDL. Coverage would require PA with a diagnosis or indication of Parkinson's disease with the patient having had a documented side effect, allergy, or treatment failure with selegiline. A quantity limit of 1 mg/day was recommended.

Public Comment: No public comment.

Board Decision: The Board approved the MHP recommendations as described.

- Opana®/Opana ER® (oxymorphone) – Not recommended for addition to the PDL. Coverage for Opana® would require PA with the clinical criteria applied generally to the Analgesics: Short Acting Narcotics (documented side effect, allergy, or treatment failure to at least two medications not requiring prior approval). Coverage for Opana ER® would require PA with the clinical criteria applied generally to the Analgesics: Long Acting Narcotics (a diagnosis or condition that requires a continuous, around-the-clock analgesic and a documented side effect, allergy, or treatment failure to at least one medication not requiring prior approval). Requests for Opana ER® should be documented on the "Long Acting Narcotics Prior Authorization Request Form". A quantity limit of 60 tablets per month was recommended for Opana ER®.

Public Comment: No public comment.

Board Decision: The Board approved the MHP recommendations noted above.

- Zelapar® (selegiline) Oral Disintegrating Tablet – Not recommended for addition to the PDL. Coverage would require PA with a diagnosis or indication of Parkinson's disease, the patient would be required to be on current therapy with levodopa/carbidopa and there be a medical necessity for disintegrating tablet administration (i.e. inability to swallow) or the patient has a drug interaction with oral selegiline (tyramine containing agents). A quantity limit of 2.5 mg/day was recommended.

Public Comment: No public comment.

Board Decision: The Board approved the MHP recommendations noted above.

- Oracea® (doxycycline) – Not recommended for addition to the PDL. Coverage would require PA with a diagnosis of rosacea and a documented side effect, allergy, or treatment failure to one generic doxycycline product.

Public Comment: No public comment.

Board Decision: The Board approved the MHP recommendations noted above with the addition of failures required for generic minocycline and generic tetracycline in addition to generic doxycycline.

8. New Drug Classes:

Note: All drug/criteria decisions from this section will be reflected in the **03/01/07** PDL and/or Clinical Criteria update unless specified otherwise.

- Otic: Anti-Infectives *Diane Neal, R.Ph, (MHP)*
  Proposed PDL preferred agents to be Ciprodex®, Floxin® and generic neomycin/polymyxin B sulfate/hydrocortisone.
  Proposed non-preferred (PA required) agents to include Cipro-HC®, Coly-Mycin S®, Cortisporin TC®, Cortisporin Otic® and Pediotic®.
  Clinical criteria for approval of non-preferred agents were presented.

Public Comment: An email received by Dr. Scott Strenio from Dr. Richard Hubbell (ENT, FAHC) supporting the availability of Ciprodex® without PA requirement was shared.

Board Decision: The Board approved as recommended.

- Ophthalmic: Non-Steroidal Anti-inflammatory Drugs (NSAID) *Diane Neal, R.Ph, (MHP)*
  Proposed PDL preferred agents to be Acular®, Acular LS®, Acular PF® and generic flurbiprofen 0.03% ophthalmic.
  Proposed non-preferred (PA required) agents to include Nevanac®, Xibrom®, Ocufen®, and Voltaren®.
  Clinical criteria for approval of non-preferred agents were presented.

Public Comment: Leslie Mason, Alcon – Commented on the pro-drug properties of Nevanac®.

Board Decision: The Board approved as recommended.

- Vaginal Anti-Infectives *Diane Neal, R.Ph, (MHP)*
  Proposed PDL preferred agents to be generic clindamycin vaginal cream, Clindamax and Metrogel Vaginal®.
  Proposed non-preferred (PA required) agents to include Cleocin® vaginal cream, Clindesse® vaginal cream, Cleocin® vaginal ovules, generic metronidazole vaginal gel and Vandazole.
  Clinical criteria for approval of non-preferred agents were presented.

Public Comment: No public comment.

Board Decision: The Board approved as recommended.

9. RetroDUR: *Diane Neal, R.Ph. (MHP)*
Deferred until next meeting.

10. Updated New-to-Market Monitoring Log: *Diane Neal, R.Ph, (MHP)*

- This log shows new entries in the market highlighted in red. The log is informational only. Suggested dates for review are to be used as a guide only. The actual date of review will depend on the complexity of the agenda.

Public Comment: No public comment.

Board Decision: The Board approved all MHP recommendations.

11. General Announcements:

- Quinine Products *Diane Neal, R.Ph, (MHP)*
  All quinine products except for Qualaquin® have been forced off the market by the FDA.
  Qualaquin® is specifically labeled NOT to be used for leg cramps and is approved only for malaria.

Board Decision: The Board voted to limit the use of Qualaquin® to the indication of malaria only. It will be subject to prior authorization.

12. Adjourn: Meeting adjourned at 9:05 p.m.

Next DUR Board Meeting
Tuesday, April 3, 2007 ****PLEASE NOTE DATE****
7:00 - 9:00 p.m.*
EDS Building, OVHA Conference Room
312 Hurricane Lane, Williston, VT
(Entrance is in the rear of the building)

* The Board meeting will begin at 6:30 p.m. and the Board will vote to adjourn to Executive Session to discuss Medicaid OBRA'90/Supplemental Rebates and Agreements as provided by 33 VSA § 1998(f)(2). The Executive Session is closed to the public.